

Atty Docket No. 019957-011212US

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ATTENTION: Wanda Lawson
TELEPHONE NO.: 703 306-2941

Group Art Unit 1652 (parent)

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following document(s) in re Application of Paulson et al., Application No. 10/081,455, filed February 21, 2002 for PRACTICAL IN VITRO SIALYLATION OF RECOMBINANT GLYCOPROTEINS is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Fee Transmittal

Number of pages being transmitted, including this page: 2

Dated: August 29, 2003


Judith Cotham

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 393

Application Number 10/081,455
Filing Date February 21, 2002
First Named Inventor Paulson, James C.
Examiner Name Manjunath Rao (parent)
Art Unit 1652 (parent)
Attorney Docket No. 019957-011212US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ MoneyOrder ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	Utility filing fee	
		1002	330	Design filing fee	
		1003	520	Plant filing fee	
		1004	750	Reissue filing fee	
		1005	160	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fees from below	Fee Paid
50	20** = 30	\$9	\$351
Independent Claims	4	3** = 2	\$84
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	Claims in excess of 20
		1201	84	Independent claims in excess of 3
		1203	280	Multiple dependent claim, if not paid
		1204	84	** Reissue independent claims over original patent
		1205	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$435)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

Large	Entity	Small	Entity	Fee Description	Fee Paid
1051	130	2051	55	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	830	2253	485	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1480	130	1480	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type) Joseph R. Snyder Registration No. (Attorney/Agent) 39,381 Telephone 925-472-5000

Signature [Signature] Date August 29, 2003

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